	NCY REPO
mp California 6	20
Form	OU
For Official Use	lse Only
nt (explain in comment section)	
(month, day, year)	r)
Bridge Inc.	
Name	
FL 33487	
State Zip Code	
ommunity.	
lonor for this payment:	
\$	
Amou	nount
Name of Lodging Facility	lity
\$Total Expenses	s
189.00 Total Expenses	
ency purpose and use.	e.
Francisco, California	ia
Board of Trustees	
Department/Division	sion
Department/Divisio	sion
ficer 7/5/2023	23
(month, da	, day, year

	eport A F	Public Document		PAYMENT TO AGENCY REPO
. Agency Name			Date Stamp	California Qn
San Bernardino County Em	nployees' Retirement Ass	ociation		Form OU
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Su	uite 100, San Bernardino	, CA 92408		
Area Code/Phone Number	Email		☐ Amendment (evo	ain in comment section)
909.885.7980	dcherney@sbcera.org		Amendment (exp	air in comment section)
Agency Contact (name and title)			Date of Original Filin	g:(month, day, year)
Deborah Cherney, Chief Ex	kecutive Officer			(month, day, year)
Donor Name and Addre	ess			
☐ Individual			The Pension Bridg	
Last Name	First Name	_		Name
4504 S. Ocean Blvd.	HI(ghland Beach	FL State	33487 Zip Code
The Pension Bridge Inc. off	•	acce to the Institutional		•
If "Other" is marked, describe the entity				· · · · · · · · · · · · · · · · · · ·
ii Other is marked, describe the entity	s business activity (ii business) or i	is flature and interests.		
If applicable, i	dentify the name of each so	ource and the amount(s) re	eceived by the donor t	or this payment:
	•			¢
Name	ΦAmour	nt	Name	Amount
Transportation Provider		Air ☐ Bus ☐ Autock Applicable Boxes	o □ Other	Name of Lodging Facility
\$ \$	S \$ Meal Expenses Tr		Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:	April 17-20 Dates (month, o	Ψ	Total Expenses
3.2. Payment Description	. Provide a specific de			·
Invitation to attend 202 (complimentary admiss), 2023 San Fran	cisco, California
3.3. Identify the officials v	who used the payment	in Section 3.1 (See instru	ctions)	
	Deborah	Chief Execu	utive Officer A	Administration
Cherney		Pos	ition/Title	Department/Division
Cherney Last Name	First Name	1 03		Department/Division
	First Name First Name		ition/Title	Department/Division
Last Name Last Name			ition/Title	·
Last Name Last Name Last Name Verification I authorized the acceptance	First Name	Pos		Department/Division
Last Name Last Name Last Name Verification I authorized the acceptance	First Name	Pos t(s) as in compliance wi		Department/Division
Last Name Last Name Verification I authorized the acceptance	First Name e of the reported payment	Pos t(s) as in compliance wi Chief	th FPPC regulation	Department/Division
Last Name Last Name Verification I authorized the acceptance Docustigned by: Subhar Spread.	First Name of the reported payment Barbara Hannah	Pos t(s) as in compliance wi Chief	th FPPC regulations	Department/Division S. 7/7/2023

Payment to Agency Re	eport A	A Public D	ocument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California Q 🗸 🗸
San Bernardino County Em	ployees' Retirement A	ssociation		·	Form OUI
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Administration					
Street Address					
348 W. Hospitality Lane, Su	ite 100, San Bernardi	no, CA 92408	3		
Area Code/Phone Number	Email			Amendment (e	explain in comment section)
909.885.7980	dcherney@sbcera.o	rg		Data of Original Ei	ling
Agency Contact (name and title)	0			Date of Original Fi	(month, day, year)
Deborah Cherney, Chief Ex					
2. Donor Name and Addres	SS			lootitutional love	-1
☐ Individual	First Nam		Other	Institutional Inve	STOr Name
1120 Ave of the Americas, 6		New York		NY	
Address		City		Stat	
Institutional Investor is a lea	ding international bus	siness to busin	ness publish	er, focused prima	rily on international finance.
If "Other" is marked, describe the entity's	s business activity (if business)	or its nature and in	iterests.		
> If applicable is	lantify the name of each	acuree and th	o omount(o) re	assisted by the deno	er for this navment
ii applicable, ic	dentify the name of each	source and the	e amount(s) re	eceived by the dono	or for this payment:
Name	\$	nount		Name	\$Amount
			0.0.00	rano	, unoun
3. Payment Information (C	omplete Sections	3.1 (a or b),	3.2, 3.3)		
3.1 (a) Travel Payment		Constant			D ((" ")
	Loca	tion of Travel			Dates (month, day, year)
Transportation Provider		Air B Check Applicable B		o ☐ Other	Name of Lodging Facility
\$ \$. Lodging Expenses	Meal Expenses	\$ Transportation Ex	\$.	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rela	·		4/24-26/20	•	5.00
3.1 (b) 1 ayment(s) not ren	ated to traver.		Dates (month, o	day, year) Ψ	Total Expenses
3.2. Payment Description.	Provide a specific	description o	of the payme	ent and its agend	cv purpose and use.
	•	•		•	
Invitation to attend Inst					orii 24-26, 2023 in Los
Angeles, California (co	mpilmentary admi	ssion is vail	ued at \$43	5.00).	
3.3. Identify the officials w	tho used the payme	nt in Section	3.1 (See instru	ctions)	
Newcomer	Jared		Trustee		Board of Trustees
Last Name	First Name		Posi	ition/Title	Department/Division
Last Name	First Name		Pos	ition/Title	
4. Verification					
	-646			# EDDC "	
I authorized the acceptance		` ,	•	•	7 /5 /2022
Debby Cherney	Deborah Cher		Chief	Executive Officer	
Signature	Prir	nt Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment for	or any additional informatio	n)			EDDO E

Payment to Agency R	eport A Publi	c Document	:	PAYMENT TO AGENCY REPORT
1. Agency Name	<u> </u>		Date Stamp	California O 🗸
San Bernardino County Em	nployees' Retirement Association	on		Form OUI
Division, Department, or Reg	gion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
348 W. Hospitality Lane, St	uite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (ex	plain in comment section)
Agency Contact (name and title)			Date of Original Fili	
Deborah Cherney, Chief Ex	xecutive Officer			(month, day, year)
2. Donor Name and Addre	ess			
□ Individual		Ø Other	Institutional Inves	stor
☐ Individual Last Name	First Name			Name
1120 Ave of the Americas,		K	NY	10036
Address	City		State	'
	ading international business to		er, focused primari	ly on international finance.
If "Other" is marked, describe the entity	's business activity (if business) or its nature	and interests.		
If applicable, i	identify the name of each source a	nd the amount(s) r	eceived by the donor	for this payment:
		, ,	•	Φ.
Name	Amount		Name	
3 Payment Information (C	Complete Sections 3.1 (a o	r h) 3 2 3 3)		
	complete decidence of the	. 10,, 0.12, 0.10,		
3.1 (a) Travel Payment	Location of Trave	<u> </u>		Dates (month, day, year)
				Bates (month, day, year)
Transportation Provider		☐ Bus ☐ Autoriable Boxes	o □ Other	Name of Lodging Facility
\$\$Lodging Expenses	Meal Expenses \$Transporta	tion Expenses \$	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re		4/24-26/20)23 \$ 435	5.00
		Dates (month,	,	Total Expenses
3.2. Payment Description	. Provide a specific descript	ion of the paym	ent and its agenc	y purpose and use.
Invitation to attend Inst	titutional Investor 2023 Pu	blic Funds Ro	undtable on Ap	ril 24-26, 2023 in Los
Angeles, California (co	omplimentary admission is	valued at \$43	35.00).	
3.3. Identify the officials v	who used the payment in Sec	tion 3.1 (See instru	uctions)	
Fiorino	Louis	Trustee	,	Board of Trustees
Last Name	First Name	_	ition/Title	Department/Division
Last Hamo	r not realis	1 00	Allony Files	Ворактоповтност
Last Name	First Name	Pos	sition/Title	Department/Division
4. Verification				
	e of the reported payment(s) as	in compliance wi	ith FPPC regulation	ne
DocuSigned by:	, , , , , ,	•	•	7/5/2023
Debby Cherney Signature	Deborah Cherney		f Executive Officer	
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / Jon/49

yment to Agency Report	A Public	Document		PAYMENT TO AGENCY REPO
Agency Name			Date Stamp	California Q 🗘
San Bernardino County Employees	' Retirement Association	ı		Form OU
Division, Department, or Region (if app	olicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Suite 100,	San Bernardino, CA 92	408		
Area Code/Phone Number Email			Amendment (e	explain in comment section)
	ney@sbcera.org			
Agency Contact (name and title)			Date of Original F	(month, day, year)
Deborah Cherney, Chief Executive	Officer			
Donor Name and Address			Name I die	
∃ Individual	5: (1)	Other	Milken Institute	News
Last Name 1250 Fourth Street	First Name Santa Mor	nica	C	Name A 90401
Address	City	1100	Sta	
Increase global prosperity by advar	cing collaborative soluti	ons that widen a	access to capital.	create jobs, improve health
"Other" is marked, describe the entity's business			,	
If applicable, identify th	e name of each source and	d the amount(s) re	eceived by the done	or for this payment:
	\$		Name	\$
Name Payment Information (Complete	Amount		ivame	Amount
3.1 (a) Travel Payment	Location of Travel			Dates (month, day, year)
Transportation Provider		∃Bus □ Auto ole Boxes	o □ Other	Name of Lodging Facility
Lodging Expenses S Meal Ex	penses \$ Transportation	\$_	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not related to		4/29/23-5/3	•	5,000.00
it (b) I ayment(s) not related to	uavei.	Dates (month, d		Total Expenses
3.2. Payment Description. Provid	de a specific descriptio	on of the payme	ent and its agen	cy purpose and use.
Invitation to attend Milken 26t in Beverly Hills, California.	h Annual Institute G	lobal Confere	ence on April 2	9, 2023 - May 3, 2023,
B.3. Identify the officials who use Thanki Ar		ion 3.1 (See instruction Sr. Investme		Investments
Last Name	First Name		tion/Title	Department/Division
Last Hamo	riiotrianio	1 001	dorw ride	Doparamenta Bivioletti
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name /erification	First Name	Posi	ition/Title	Department/Division
/erification authorized the acceptance of the re-		n compliance wi		ons.

	Report A Publ	lic Document		PAYMENT TO AGENCY REPO
Agency Name			Date Stamp	California Q 0
San Bernardino County Er	nployees' Retirement Associati	ion		Form OU
Division, Department, or Re	gion (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, S	Suite 100, San Bernardino, CA	92408		
Area Code/Phone Number	Email		Amendment (expl	ain in comment section)
909.885.7980	dcherney@sbcera.org		_	,
Agency Contact (name and title)			Date of Original Filing	g: (month, day, year)
Deborah Cherney, Chief E				
Donor Name and Addre	ess			
☐ Individual		Ø Other .	Markets Group	N.
Last Name 44 E 32nd Street, Floor 4	First Name New Yo	ark	NY	Name 10016
.ddress	City		State	Zip Code
Markets Group is an execu	utive forum organizer in the fina	ancial services sect	or.	·
•	y's business activity (if business) or its natur			
If applicable,	identify the name of each source	and the amount(s) red	ceived by the donor f	or this payment:
	\$			\$
Name	Amount		Name	Amount
•	Complete Sections 3.1 (a c	or b), 3.2, 3.3)	I	7 0000
3.1 (a) Travel Payment	Beverly Hills, CA	vol.	June ——	7, 2023 Dates (month, day, year)
		vei		Dates (month, day, year)
Transportation Provider		☐ Bus ☐ Auto	Other	Name of Lodging Facility
Lodging Expenses	\$ \$ Meal Expenses Transport	tation Expenses \$_	Other Expenses	\$Total Expenses
		6/7/2023	\$ 450.1	·
3.1 (b) Payment(s) not re	nated to travel:	Dates (month, da		Total Expenses
2 Payment Description	n. Provide a specific descrip	•		nurnose and use
	•	, ,	3 ,	
Invitation to attend Ma	arket Group's Southern Ca ia (complimentary admissi			une 7, 2023, in
Invitation to attend Ma Beverly Hills, Californi	ia (complimentary admission who used the payment in Se	ion is valued at section 3.1 (See instruct	\$450.00).	une 7, 2023, in
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials Cherney	ia (complimentary admission who used the payment in Se	ction 3.1 (See instruct	\$450.00). ions) ive Officer A	dministration
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials	ia (complimentary admission who used the payment in Se	ction 3.1 (See instruct	\$450.00).	
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials Cherney	ia (complimentary admission who used the payment in Se	ection 3.1 (See instruct Chief Execut	\$450.00). ions) ive Officer A	dministration
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials Cherney Last Name Last Name	ia (complimentary admission who used the payment in Se Deborah First Name	ection 3.1 (See instruct Chief Execut	\$450.00). ive Officer on/Title	dministration Department/Division
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials Cherney Last Name Last Name	ia (complimentary admission who used the payment in Se Deborah First Name	ection 3.1 (See instruct Chief Execut Positi	\$450.00). ive Officer on/Title on/Title	dministration Department/Division Department/Division
Invitation to attend Ma Beverly Hills, Californi 3.3. Identify the officials Cherney Last Name Last Name	ia (complimentary admission who used the payment in September Deborah First Name	ction is valued at Section 3.1 (See instruct Chief Execut Position Position Position	\$450.00). ive Officer on/Title on/Title	dministration Department/Division Department/Division